



# Clinical Congress News

The American College of Surgeons • 79th Clinical Congress • October 10-15, 1993 • San Francisco

## General Sessions

Here are the panel discussions and symposia that will be held Wednesday under the Program Book listing "General Sessions."

### Wednesday

**Symposium sponsored by the Commission on Cancer**  
Carcinoma of the Pancreas  
8:00 am in the Esplanade Ballroom, Moscone Center

**General Panel Discussion**  
Sphincter-Preservation Approaches for Rectal Carcinoma  
10:30 am in Room 104, Moscone Center

**Panel Discussion sponsored by the Committee on International Relations**  
Changing Patterns in Vascular Disease Worldwide  
10:30 am in Room 134, Moscone Center

**General Panel Discussion**  
Current Management of Portal Hypertension and Bleeding Varices  
1:30 pm in Room 102, Moscone Center

**General Panel Discussion**  
Xenotransplantation  
1:30 pm in Room 304, Moscone Center

**General Panel Discussion**  
Common Bile Duct Injuries—Revisited  
1:30 pm in Room 134, Moscone Center

**Panel Discussion sponsored by the Committee on Pre- and Postoperative Care**  
Back to Basics  
3:30 pm in Room 102, Moscone Center

**Trauma Action Program sponsored by the Committee on Trauma**  
How Do You Stimulate Surgical Residents to Become Trauma Surgeons?  
3:30 pm in Room 304, Moscone Center

## Rationing, in all its forms, is reality

**O**n Monday afternoon a panel assembled by the College's Committee on Young Surgeons considered "The Rationing of Health Care: What Are the Options?" Martha D. McDaniel, MD, FACS, Lebanon, NH, who is vice-chairman of the committee, served as moderator for the meeting.

The first speaker was John W. Bussman, MD, who is the medical director of the Oregon Medical Professional Review Organization, Salem, OR. He is also medical director of the Oregon Medical Assistance Program.

Dr. Bussman reviewed the historical development of "overt" and "covert" rationing in this country over the past 15 years. Although the word "rationing" is considered to be a pejorative term, the concept has existed in one form or another in nearly all major health care plans, Dr. Bussman said.

He described the historical evolution and major components of the Oregon health care program. The Oregon plan is scheduled to go into effect in February 1994, and by January 1995 it will include aged, blind, and disabled populations. The employer mandate mechanism of the plan will go into effect in March 1997, and eventually, Dr. Bussman said, the Oregon plan will leave less than 1 percent of Oregonians without some form of health care.

Dr. Bussman said he believes that managed care will become reality and will encompass all counties in Oregon—both rural and urban. Dr. Bussman concluded by discussing the mammoth implementation process involving computers that must be effected by the February 1994 start-up.

The second speaker was Leroy L. Schwartz, MD, who is the founder of Health Policy International—a not-for-

profit research and educational organization that is devoted to researching the scientific basis of health care policy. Dr. Schwartz cited statistics from the Harvard School of Public Health indicating that 89 percent of the American people are satisfied with the medical care that they receive from their doctors. Another 84 percent, he said, believe that they can obtain adequate medical coverage at the present. At the same time, Dr. Schwartz noted, 47 percent of Americans fear that someone in their household will lose health care benefits within the next five years.

Dr. Schwartz reviewed a number of the social factors that he believes affect the ever-escalating costs of health care in this country. These factors—which include poverty, illiteracy, violence, drug abuse, AIDS, unemployment, births to unmarried

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## Parallel developments in art and physics examined

**T**he strikingly similar history of art and physics was examined at Monday's Science and Humanism Seminar, which focused on the artist's and the physicist's use of space, time, and light.

The first speaker, Leonard M. Shlain, MD, FACS, chief of endoscopic surgery at California Pacific Medical Center, San Francisco, discussed the concepts embodied in his book, *Art and Physics: Parallel Visions in Space, Time, and Light*. Dr. Shlain believes that, throughout history, both the artist and the physicist have been clairvoyants. The artist, he said, is the first person in a culture to *see* the world in a new way, and the physicist is the first person in a culture to *understand* the world in a new way.

Dr. Shlain then outlined several similar developments in the history of art and physics, which sprung from landmark theories of the ancient Greeks. The Greeks, he said, were the first to realize that time was not linear. The discoveries of these men, Dr. Shlain said, changed the world: Euclid was the first to assume that space is empty, Aristotle developed syllogistic logic, and Plato was the first to speculate that light

emanated from a physical, not a religious, source.

He said that these views of time, space, and light held until the rise of Christianity, which "shattered the concept of space into many realms" such

as life, eternity, and the past, present, and future.

The Renaissance, he said, brought further revelations in time, space, and light concepts with the artistic discovery

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## ACS to testify at congressional hearing on health care reform

Paul A. Ebert, MD, FACS, Director of the American College of Surgeons, will present the College's views on five aspects of the President's initial health system reform proposal at a hearing that will be held tomorrow, October 14, in Washington, DC.

Dr. Ebert will address a joint hearing of the Subcommittee on Health and the Environment, which is chaired by Henry Waxman (D-CA), and the Subcommittee on Commerce, Consumer Protection, and Competitiveness, which is chaired by Cardiss Collins (D-IL). Both subcommittees are under the jurisdiction of the Committee on Energy and

Commerce of the U.S. House of Representatives.

In presenting the College's testimony, Dr. Ebert will address the Administration's proposals regarding: reorganizing the health care system, financing health care reform, patient choice, global budgeting, and physician workforce/graduate education. The College expects to express its opinions on other elements of the plan as more specific details become known.

A report on the College's testimony will be published in an upcoming issue of the *Bulletin of the American College of Surgeons*.



# Conflicting forces in crisis care confronted

"Our historic responsibility has been to serve but one master, our patient. The rising costs of medical care, however, now make it impossible to provide optimal care to everyone," Ben Eiseman, MD, FACS, said at yesterday's Scudder Oration on Trauma, "Our Second Responsibility in Trauma Care: A New Clause in the Social Contract." Dr. Eiseman is Distinguished Physician at the Department of Veterans Affairs Medical Center, Denver, CO.

Dr. Eiseman told the audience that trauma surgeons have difficulty reconciling compromises in care that rising health care costs demand.

"We must accept, however, that a new clause has been added to our traditional social contract and we must

find the best ways to meet both of these conflicting responsibilities to our injured patients and to society," Dr. Eiseman said. He stated that if surgeons accept the challenge of containing costs while providing appropriate care, they become "arbiters" in resolving the conflict between cost and care.

In a detailed discussion of the current federal fiscal crisis, Dr. Eiseman said that "for two decades, the United States has been living beyond its means. Our freewheeling society clearly lacks the will, motivation, discipline, and education to cut expenses and save either at a personal, governmental, or corporate level."

He reminded trauma surgeons that

trauma care generates high costs, and that a significant amount of trauma is preventable.

Dr. Eiseman also told the audience that if surgeons are to meet the new responsibilities inherent in today's economy, they must educate themselves in the complexities of health care economics, which, he said, is not simply an extension of the economics of office or hospital practice. He then defined some of the areas that ultimately influence health care costs: data and decision analysis, methods of conflict resolution, and optimal cost-utility practice patterns.

If surgeons strive to keep costs constrained while providing the best care possible, Dr. Eiseman said that society

must also keep its end of the "bargain." For example, he said that society must accept the fact that cutting costs will compromise some care, that universal health care requires new funding mechanisms, and that incentives, beyond financial compensation, must be maintained to attract and keep worthy surgeons in a physically, intellectually, and emotionally demanding specialty.

Finally, Dr. Eiseman said, "Devising a successful system requires the combined efforts of clinicians, health care economists, health administrators, and representatives of national, state, and local government.... Success of such a team depends upon each of its components educating itself in the discipline of the other."

## Young Surgeons' panel, from page 1

women, cultural apathy, and mortality rates—account for direct or indirect health care costs of over \$930 billion, Dr. Schwartz said.

The third speaker was Henry R. Desmarais, MD, who is a principal officer in the consulting firm of Health Policy Alternatives in Washington, DC. Dr. Desmarais reviewed the positive and negative aspects of major legislative programs now being proposed in Washington with regard to increasing access to health care. Although they change almost daily, Dr. Desmarais said that the basic elements of access in President Clinton's proposed health care plan include: universal coverage, comprehensive benefits, health alliances, the creation of a National Health Board, insurance reforms, a limited fee-for-service option, "guaranteed" access to academic health centers, federal pre-

emptions of state regulations, and portability of coverage.

According to Dr. Desmarais, some of the determining factors that will affect prospects for increased access to health care in the near future include: the coalition or factioning of congressional committees, questions of congressional committee jurisdiction, competing interests (hospitals, businesses, physicians, insurance companies), and constituent pressure on Washington policymakers.

The final speaker was Donald W. Parsons, MD, FACS, who is a physician legislative and national accounts representative with Kaiser Permanente in Washington, DC. Dr. Parsons presented and analyzed data regarding practice patterns emanating from Kaiser Permanente's medical institutions in its 12 regions of the United States.

He discussed data for the following procedures: laparoscopic cholecystectomy, laminectomy, hip replacement, appendectomy, and hysterectomy. "Examination of the data would suggest that more surgery may not necessarily lead to better outcomes or quality of care," Dr. Schwartz said.

Components of the Kaiser "shared decision-making program" were discussed. This program involves the viewing of an interactive video presentation by both physician and patient and a frank but sensitive discussion of potential positive or negative aspects of surgical intervention.

Dr. Schwartz said that analysis of

Kaiser data would suggest that there may be a serious oversupply of surgical specialists in the future as more and more people join managed care programs. This trend will likely have a profound effect on medical education programs and specialty training, Dr. Schwartz stated.

"We need to turn to the College and the Young Surgeons' Committee to address these trends and hopefully prevent them from being a doomsday prediction," he said. "It is high time for all younger surgeons to begin thinking seriously about their futures 20 years down the road," Dr. Schwartz concluded.

The following companies (followed by their booth number) have supported the Clinical Congress News with advertisements in the Exhibit Guide section of this issue:

Aaron Medical, 4740  
Aesculap Instruments, 1912  
American Hydro-Surgical, 5203  
Arrow International, Inc., 1231  
Bard Vascular Systems Div., 2207  
Cogent Light Technologies, 1710  
CUDA Products Corporation, 1411  
Kapp Surgical Instrument, 2947  
Lorad Corporation, 3007  
Luxtec Corporation, 1219  
MedChem Products, Inc., 1707

MegaDyne Medical  
Products, Inc., 4133  
Microsurge Inc., 435  
Miles Inc./Pharmaceutical  
Div., 1823  
Ortho Biotech, 5209  
Roche Laboratories, 4509  
Ultrasclon Inc., 4427  
Unisurge, Inc., 2045  
Waverly, 1206  
Wilson-Cook Medical Inc., 2337



George F. Sheldon, MD, FACS, Chapel Hill, NC, accepts the National Safety Council's Surgeons' Award for Distinguished Service to Safety from Ann Shanklin on Monday evening at the Committee on Trauma's annual dinner. Ms. Shanklin is director of the Western Regional Office of the National Safety Council. Each year, through the joint efforts of the National Safety Council, the American College of Surgeons, and the American Association of Surgeons of Trauma, this award is presented in recognition of outstanding contributions in all aspects of the care of the injured patient.

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## Allied Meetings

Please note: A number of medical school and alumni associations and surgical societies will have information booths, usually open the day of the event, in an area adjacent to the registration area in Moscone Center.

## Wednesday

### Morning

#### International Society of Surgery (SIC), United States Chapter

6:45 am – 8:00 am. Breakfast Meeting. Hilton & Towers, Ballroom level, Plaza Ballroom B.

#### New England Association of Program Directors in Surgery

7:00 am – 8:30 am. Breakfast Meeting. Hilton & Towers, Building 3, 4th floor, Monterey Room.

#### SURGERY Editorial Board

7:00 am – 8:30 am. Breakfast Meeting. Hilton & Towers, Building 3, 4th floor, Marin Room.

#### American Society of Colon & Rectal Surgeons for General Surgery Residents

7:00 am – 8:30 am. Breakfast. Hilton & Towers, Ballroom level, Franciscan Room D.

#### Davis + Geck

7:00 am – 9:00 am. Breakfast Meeting. Hilton & Towers, Building 3, 4th floor, Lassen Room.

#### Association of Women Surgeons

7:00 am – 11:00 am. Breakfast Meeting. Hilton & Towers, Ballroom level, Plaza Ballroom A.

#### American Society of Colon & Rectal Surgeons, Social Impact Committee

7:30 am – 8:30 am. Breakfast Meeting. Hilton & Towers, Building 2, Grand Ballroom level, Green Room.

#### American Society of Colon & Rectal Surgeons, Executive Council

7:30 am – 11:30 am. Breakfast Meeting. Hilton & Towers, Building 3, 4th floor, Tamalpais Room.

#### SAGES Board of Governors

7:30 am – 5:00 pm. Meeting. Hilton & Towers, Building 3, 4th floor, Cypress Room.

#### American Society of Colon & Rectal Surgeons Young Researchers Committee

11:00 am – 12:00 noon. Meeting. Hilton & Towers, Building 3, 4th floor, Whitney Room.

#### Tripler General Surgery Program

11:30 am – 1:30 pm. Luncheon. Westin St. Francis, 2nd floor, Elizabethan Room A.

### Afternoon

#### Central Surgical Association Membership Advisory Committee

12:00 pm – 3:00 pm. Luncheon Meeting. Hilton & Towers, Building 3, 4th floor, Diablo Room.

#### American Society of Colon & Rectal Surgeons Public Relations Committee

12:30 pm – 2:00 pm. Luncheon. Hilton & Towers, Building 3, 4th floor, Tamalpais Room.

#### American Society of Colon & Rectal Surgeons Socioeconomic Committee

1:00 pm – 2:30 pm. Meeting. Hilton & Towers, Building 2, Grand Ballroom level, Green Room.

#### American Society of Colon & Rectal Surgeons Committee on Outcome Assessment

1:00 pm – 11:00 pm. Dinner. Parc Fifty Five, Barcelona Room I.

#### American Society of Colon and Rectal Surgeons Audio Visual Committee

4:30 pm – 5:30 pm. Meeting. Hilton & Towers, Ballroom level, Executive Board Room.

### Evening

#### Society of Colon & Rectal Surgeons General Surgery Residents

5:00 pm – 7:00 pm. Sponsored Reception (invitation only). Moscone Center, Exhibit Hall level, Room 125.

#### SAGES General Membership

5:00 pm – 9:00 pm. Meeting. Hilton & Towers, Grand Ballroom level, Grand Ballroom A.

#### USU Surgical Associates

5:30 pm – 7:00 pm. Military Reception. Hilton & Towers, Ballroom level, Plaza Ballroom B.

#### University of Colorado Department of Surgery

5:30 pm – 7:30 pm. Reception. Hilton & Towers, Ballroom level, Yosemite Room B.

#### Association of Iranian Surgeons

5:30 pm – 7:30 pm. Reception. Marriott Hotel, Ballroom level, Nob Hill Room.

#### Harlem Hospital Surgical Alumni and Friends

5:30 pm – 7:30 pm. Reception. Hilton & Towers, Building 3, 4th floor, Tamalpais Room.

#### SURGERY, Gynecology & Obstetrics Consulting Editors

6:00 pm – 7:00 pm. Reception. Hilton & Towers, Saratoga Room.

#### Case Western Reserve University

6:00 pm – 7:30 pm. Reception. Hilton & Towers, Lobby level, Tower Room.

#### Columbia-Presbyterian Medical Center

6:00 pm – 8:00 pm. Reception. Fairmont Hotel, Pavillion Room.

#### Society of Graduate Surgeons LAC-USC Medical Center

6:00 pm – 8:00 pm. Reception. Hilton & Towers, Ballroom level, Franciscan Room D.

#### University of Iowa Department of Surgery Alumni

6:00 pm – 8:00 pm. Reception/Dinner. Hilton & Towers, Ballroom level, Yosemite Room A.

#### University of Massachusetts Medical School Department of Surgery

6:00 pm – 8:00 pm. Reception. Hilton & Towers, Ballroom level, Continental Room 2.

#### Providence Hospital Surgical Alumni Association

6:00 pm – 8:00 pm. Reception. Marriott Hotel, Ballroom level, Potrero Hill.

#### John L. Madden Surgical Society

6:30 pm. Reception/Dinner. Westin St. Francis, Borgia Room.

#### Henry Harkins Surgical Society

6:30 pm – 8:30 pm. Reception. Hilton & Towers, Ballroom level, Continental Room 3.

#### Chinese Surgical Association of North America

6:30 pm – 8:30 pm. Dinner. Harbor Village Restaurant, 4 Embarcadero Center.

#### Haitian Fellows of the American College of Surgeons

6:30 pm – 8:30 pm. Reception/Dinner. L'Olivier, 465 Davis & Jackson.

#### American College of Surgeons, Friends of Bill W.

5:00 pm – 8:30 pm. Meeting. Hilton & Towers, Building 3, 4th floor, Belmont Room.

#### American Association of Physicians for Human Rights, Surgical Section

7:00 pm – 9:00 pm. Reception. Davis Medical Center, Castro & Duboce St.

#### Michigan State University Department of Surgery

7:00 pm – 9:00 pm. Reception. Hilton & Towers, Ballroom level, Yosemite Room C.

#### Matthew Walker Surgical Society of Meharry Medical College

7:00 pm – 10:00 pm. Dinner. Hilton & Towers, Ballroom level, Continental Room 1.

#### Davis + Geck Latin American

7:00 pm – 11:00 pm. Reception. Hilton & Towers, Ballroom level, Plaza Ballroom A.

## Thursday

### Morning

#### New York State Society of Surgeons

7:00 am – 9:00 am. Breakfast Meeting. Marriott Hotel, Ballroom level, Sunset Room A.

#### American Society of Colon & Rectal Surgeons Committee on Outcome Assessment

7:00 am – 12:00 noon. Breakfast. Parc Fifty Five, Raphael Room.

#### American Society of Colon & Rectal Surgeons Self-Assessment Committee

7:30 am – 8:30 am. Breakfast. Hilton & Towers, Building 2, Grand Ballroom level, Green Room.

#### American Society of Colon & Rectal Surgeons Advisory Committee to University Colon & Rectal Surgeons

8:30 am – 10:30 am. Breakfast. Hilton & Towers, Ballroom level, Executive Board Room.

#### American Society of Colon & Rectal Surgeons, Exhibitors' Advisory Committee

9:00 am – 10:30 am. Breakfast Meeting. Hilton & Towers, Building 3, 4th floor, Monterey Room A.

## Program Changes

The following information became available after the Program Book was printed.

### Specialty Sessions

The speaker order for the Otorhinolaryngology Interdisciplinary panel, Treatment of Acute Injuries to the Larynx and Pharynx, Thursday, October 14, has changed. Dr. Weigelt will speak first, followed by Drs. Britt and Schaefer.

### Motion Picture Sessions

At the Neurologic Surgery Motion Picture Session, Wednesday, October 13, Dr. Brian T. Andrews will be the discussant for "Video-Assisted Transthoracic Resection of a Paraspinous Schwanomma."

At the Film Festival, Wednesday, October 13, Dr. Carlos A. Pellegrini will present "Management of Achalasia by Video-Endoscopic Surgery."

### Scientific Exhibits

The primary author for SE082 is Anne U. Barnes, MD, FACS, Medical College of Pennsylvania, Philadelphia.

Technical exhibitor 4100, American Association of Endocrine Surgeons, has relocated to the Scientific Exhibit area, SE092.

SE074 was not listed in the Program Book. It is: A New Impedance Cardiograph—What It Is and What It Can Do for Us. Joseph M. Van De Water, MD, FACS; J. Allen Stevick, MD; Donald W. Pate, MD; Xiang Wang, MD; Noel Nellis, MD, FACS, and Martin L. Dalton, MD, FACS. Mercer University School of Medicine, Macon, GA.

The following have been added:

SE141, Portal Hypertension: A Surgeon's Perspective. A.J. Bufo; B.B. Chang; R.C. Darling III; R. P. Leather; and D.M. Shah. Albany Medical Center, Albany, NY.

SE070, Laparoscopic Vagotomy: Technique and Application of Laparoscopic Posterior Vagotomy with Anterior Seromyotomy and Intra-operative Congo Red Testing. Howard A. Olgin, MD, Valley Presbyterian Hospital, Van Nuys, CA.

### Technical Exhibits

The following exhibitors have relocated: booth 108 is now 141; and booth 181 is now 070.

## Registration totals

As of Tuesday afternoon, total registration for the Clinical Congress was 17,300. Of that number, 8,397 were physicians and 8,903 were exhibitors, guests, spouses, or convention personnel.





Exemplary medical students from around the United States and Canada are selected each year by their department chairmen to explore the field of surgery during the Clinical Congress. Pictured, from left to right in the front row, are: Rhonda Peebles, ACS Organization Department; Jay Grove, University of California; James Hayes, University of Colorado; Bob Radcliffe, Creighton University; Michael Anderson, University of California, Irvine; Gerald Grant, Stanford University; Karl Wells, University of Southern California; Abbey Gershbein, SUNY at Brooklyn; Kirby I. Bland, Chairman, CSEMS; Katherine Laybourn, University of Texas; David Rigberg, University of Arizona; Tal David, Baylor College of Medicine; Robert J. Everett, University of British Columbia; Susan Ystuea, SUNY at Stony Brook; William L. Fontenot, University of Texas; and William B. Craft, University of Utah. Second row, left to right: Yorgo Veenhuyzen, University of Manitoba; Stephen Lauterbach, SUNY at Syracuse; Kim U. Kahng, CSEMS member; Ann Neuhaus, University of California, San Francisco; Rommie Hughes, University of Nebraska; Carl de los Reyes, University of Hawaii; Kathleen Gibson, University of Washington; Omar Fadhl, University of Texas; Robert W. Watson II, University of Nevada; Darren Bergey, Loma Linda University; Paul Conte, Oregon Health Sciences University; David Sayah, UCLA School of Medicine; Bill Rizk, University of South Dakota; Bradley Barton, University of California, San Diego; and Houston Johnson, Jr., CSEMS member. Third row, left to right: Chris G. Jamieson, Patricia J. Numann, Merrill T. Dayton, Karen E. Deveney, James C. Hebert, and Richard J. Gusberg, CSEMS members; Carlos Marroquin, Charles R. Drew University; Sammy D. Rivas, Texas Tech University; Kristi Montgomery, University of Texas in Dallas; LaNette Smith, University of Oklahoma; Matthew Eagleton, University of Rochester, NY; and Michael Morhart, University of Saskatchewan. Not pictured: Paul Bunn, Texas Tech University.

## Art and physics, from page 1

ery of perspective. However, Dr. Shlain said, both the Renaissance artist and physicist had a similar view of the world, which was that there were stationary points, free from the constraints of movement, at which one could measure or paint the world with complete accuracy.

The 19th and 20th centuries, Dr. Shlain said, saw the revolutionary developments in the artistic community of fauvism (theories of color and light), cubism (theories of space), and futurism (theories of time).

Dr. Shlain said that the key element of cubism was that the viewer could see at one glance the side, top, back, and front of the object depicted in the painting. While Picasso was developing this artistic theory, Dr. Shlain said, Albert Einstein was developing his theory of relativistic time. Einstein theorized that if a person were traveling on a train that could approach relativistic speed (speed of light), in the dilating moment of the speed of light, the traveler could look out the window and see the side, top, back, and front of the objects outside of the train.

Dr. Shlain provided another curious coincidence in the development of art and physics. He said that in 1905 the work of Matisse heralded "the coronation of color," when artists declared that color (light) superseded other elements of painting. Dr. Shlain said that

while artists were discovering the importance of color, Albert Einstein announced that Newton's theory that space and time are stationary was incorrect. Instead, Einstein found that space and time are variable, light is stationary.

In concluding his presentation, Dr. Shlain said that the artist uses metaphor and the physicist uses equations to communicate their similar experiences and theories.

M. Therese Southgate, MD, offered a follow-up to Dr. Shlain's presentation. Dr. Southgate is an editor and essayist for the *Journal of the American Medical Association (JAMA)*. Dr. Southgate has selected and written the research essays for over 400 of the paintings depicted on the cover of *JAMA*, and showed the audience a series of these covers that reflected artists' use of light, space, and time.

She said that when artists discovered the importance of light, they painted objects that reflected light, such as snow, figures dressed in white, and water. As artists became more "scientific" about color, she said, painters such as Georges Seurat divided color into mathematical equations and then applied the concept to canvas.

The successful use of space in paintings, Dr. Southgate said, did not manifest until Renaissance artists incorporated perspective through background and landscape.

Artists, she said, learned many techniques to convey the elusive concept of time. For example, an artist may paint an object that appears to be speeding by the viewer. More subtle indicators of time in a painting are flowers, which "reveal the fragility of human life and time," she said. Dr. Southgate said that artists can also depict time as timelessness, such as renditions of people

frozen in moments of intense concentration, joy, or sorrow.

In concluding her presentation, Dr. Southgate reminded the audience that Michelangelo said that only after the intellect has planned can the hand take up the paintbrush. She added that Michelangelo's quote applies, with the word scalpel substituted for paintbrush, for surgeons.

## Famed anatomist remembered

This year marks the 450th anniversary of the publication of one of the most important books in medical history, *The Fabrica* by Andreas Vesalius. Vesalius (1514-1564) was a Flemish physician and professor of anatomy of Padua. Known as the father of the modern science of anatomy, Vesalius overthrew Galen's methods of nonhuman dissection, and standardized anatomical nomenclature and contributed extensively to osteology and myology.

Vesalius' book is available for viewing in Scientific Exhibit Booth 176. At the booth, Richard Wein, MD, FACS, of Passaic, NJ, will be available to discuss *Fabrica* and other works by this pioneer scientist.

## Reminder

All Specialty Sessions and Postgraduate Courses scheduled for Friday, October 15, will be held at the San Francisco Hilton and Towers or the San Francisco Marriott. There are no sessions scheduled in the Moscone Center.